

RECORDS RETENTION CENTER

281-996-2574

Request for Transfer of Records to Records Retention Center

Please complete one of these forms for each storage box sent to the Records Center.

Date Sent _____

Campus/Department _____

Sender's Name _____

Contents of Container (be specific):

NOTE

Please write with a marker on the outside of the box the following:

1. Campus/Department
2. Year(s) of the contents
3. Very brief description

TO BE COMPLETED BY RECORDS DEPARTMENT

Date Received _____

Destroy Date _____

Assigned Box Number _____

Assigned Box Location _____

Permanent (Do Not Destroy) _____

Form to be returned to originator after records are processed.